conditions favorable to the filling up and healing of the ulcer.

(4) "Any excitement of the muscular movements of the stomach should be, so far as possible, prevented."

I have found malted milk to be an excellent food in this stage. Peptonized milk and peptonized milk-gruel are also useful for a change. As your patient gains you can vary and add to this dietetic treatment until he is on a full and ordinary diet. However, even at this stage it must be borne in mind that gastric ulcer patients as a rule are hyperchlorhydric and cannot follow the diet of ordinary people—therefore, should be warned not to eat greasy or highly seasoned food; should have food cooked well-done, avoid condiments and masticate thoroughly and slowly.

A word as to the prophylaxis of gastric ulcer in certain conditions, combined with certain occupations. I find the following under "Practical Hints" in the *International Clinics*: "Attention has recently been called to the fact that gastric ulcer develops with special frequency in certain occupations, and that anemic individuals who follow these occupations should be warned of the special danger involved. Anemic cooks, for instance, should be warned of the danger of tasting very hot food; anemic seamstresses warned not to lean against their machines, especially when in vibration, because there seems no doubt that through thin abdominal walls an anemic mucous membrane may, under these conditions, suffer from a sort of decubital ulcer. This is also true for factory operatives. Shop-girls, bookkeepers and typewriters should be warned not to lean against counters and desks, for nearly the same reason."

It is only necessary to name the results of long-continued ulcer, where hemorrhage or perforation has not supervened to cause a fatal termination or a resort to surgical interference, as the treatment of these sequella is naturally surgical. The most common result is pyloric obstruction, which is frequently followed by gastric dilatation and gastric stagnation. Adhesions of the stomach to a neighboring organ, or to the abdominal wall, is another result of gastric ulcer, and may occasion symptoms quite as distressing as those due to pyloric stenosis.

Before closing, I wish to mention the indications for operation in gastric ulcer. In an article on abdominal surgery, I find the following: "The question of operation for ulcer of the stomach has been widely discussed during the past year, and the consensus of opinion seems to be that in ordinary cases no operation should be performed until all medical means have been exhausted. But in the case of perforation or hemorrhage, operation should be immediately resorted to."

LAPAROTOMY—REPORT OF AN OPERATION.*

W. B. CUNNANE, M. D.

APRIL 25, 1903, I was called to see Mrs. R.; on arrival I found her in labor; the pains were occurring regularly at intervals of about ten minutes. She gave a history of seven pregnancies at full term without any complications; present pregnancy normal, except that she seemed to be larger than usual. White female; native of California; age 36 years; Albino. On inspection abdomen seemed quite large and of irregular contour. On examination found uterus containing fetus on the left side, and a fluctuating tumor of considerable size occupying the right side and extending upwards into the right hypochondriac region. After making the examination, I explained to her husband and mother the condition of affairs, but refrained from mentioning it to her lest she should become unduly alarmed. On account of the position of the tumor the labor progressed normally, and she was delivered of a nine-pound boy about 3 p. m. The placenta came away about ten minutes after delivery, and the uterus contracted normally. The lying-in period was normal in every particular. I told her about the tumor the tenth day, and suggested the advisability of an operation at the termination of the sixth week. At first she consented, but later declined, thinking it might disappear without operative interference.

October 18th I saw her again and found the abdomen much larger than it should have been at the termination of pregnancy. The skin was stretched as tight as a drum, the swelling extending to the ensiform cartilage, and she was perfectly helpless. She complained of a great deal of pain over the abdomen and a crampy sensation of the heart. She realized the seriousness of her condition and readily consented to go to the Cottage Hospital for the purpose of an operation.

October 24th, with the assistance of Drs. Blake, Spaulding and Stoddard, I did a laparotomy, removing about thirty-five pounds of tumors. The first incision was about four inches long, in the median line, extending from the umbilicus downward. The abdominal and cyst walls were so firmly bound together by adhesions and so thin that the knife passed imperceptibly through both, permitting the contents of the latter to escape. It contained about twenty-four pounds of a substance which bore a striking resemblance to a mixture of brown bread and milk. The cyst was so closely adherent to the abdominal walls that its removal was very tedious and difficult. After its removal there was considerable hemorrhage, which was controlled by compression forceps and hot sponges. The second cyst was small and

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* Read before the Santa Barbara County Medical Society.

LAPAROTOMY. (Continued from page 91.)

contained a mixture resembling blood not coagulated; and the third contained a substance resembling a mixture of milk and pus; both were bound down by adhesions. Having passed beyond the line of adhesions, the incision was extended about two inches upward and to the left of the umbilicus; the hand was passed into the abdominal cavity and another tumor of considerable size was found just beneath the liver. There being no adhesions, it was brought down to the opening, the contents evacuated and this delivered; it contained a colorless, gelatinous substance. Another tumor, quite large and free from adhesions was found in the left iliac region; it was brought into the opening, its grumous contents evacuated, after which it was easily delivered. This was attached to the right ovary and tube by a pedicle about two inches wide, which was ligated with braided silk and cut off with scissors.

The last tumors were removed very rapidly on account of the serious condition of the patient, the parts sponged, two quarts of normal salt solution left in the abdominal cavity, and the incision closed by means of seven through and through silk-worm gut sutures. The only dressing applied was iodoform and iodoform gauze held in place by adhesive strips.

Some time before the operation was completed the ether was discontinued, two quarts of normal salt solution and strych. sulph., grs. 1-20 were given subcutaneously to counteract shock. Reaction was well established within two hours of the time she left the operating table. During the first three days strych. sulph., grs. 1-60 and epinephrin hydrat m. xx. were administered hypodermically every two hours, and enemas of normal salt solution per rectum every four hours. The bowels acted the third day with the aid of calomel and Rochelle salts. The dressing was changed the first time and the sutures removed the tenth day, the wound was found perfectly united. There was no pain at any time after the operation; she took nourishment regularly and slept well. The preparatory treatment extended over a period of two days, and one hour before going on the table she was given a hypodermic of morphia sulph., grs. 1-4, and atropia sulph., grs. 1-100, and at the beginning of anesthesia sulph. strych., grs. 1-30.

The chief points of interest to be noted are the facts that she is an Albino and that the tumor lying in the left side was the only one having an ovarian tubal attachment. The largest one was connected by adhesions only, the one lying beneath the liver was connected with the tumor in the left iliac region by means of a long wide ligament.